

FORM A—To be used by a prisoner filing a complaint under the
Civil Rights Act, 42 U.S.C. § 1983

FILED
U.S. DISTRICT COURT
DISTRICT OF NEBRASKA
03 OCT -9 PM 12:19

GARY D. McFARLAND
CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA

Antwan Love Joy

Nathan Thomas

James Calloway

Jamie Watson

Ray-Shawn Abram

(Enter above the full name of
the plaintiff or plaintiffs
in this action.)

8: 03CV418

v.

COMPLAINT

"Douglas County Dept.
of Corrections,"

"Douglas County,"

the SACCHARIN OWNER,
MAKER, AN MANUFACTURERS,

(Enter above the full name of
the defendant or defendants
in this action, if known.)

(Note: If there is more than one plaintiff, a separate sheet
should be attached giving the information in Parts I, II, and III
for each plaintiff, by name. Remember, all plaintiffs must sign
the complaint.)

- I. A. Place of Present Confinement Douglas County Dept of Corrections
B. Parties to this civil action:

Please give your commitment name and any other name(s) you have used while incarcerated.

(1) Plaintiff Antwan Lovejoy Registr. No. 1130090
Address 710 South 17th St. Omaha, NE, 68102

Additional plaintiff's Registr. No. and address:

(2) Defendant Douglas County
is employed as Food Administration at Douglas County Dept of Correc.
Additional defendant's employment:

II. Previous Civil Actions

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?
Yes ☐ No ☒

- (1) Title: _____
(Plaintiff) (v.) (Defendant)
- (2) Date filed _____
- (3) Court where filed _____
(specify if the court was state or federal and the level of the court)
- (4) Court number and citation _____
- (5) Name of judge to whom the case was assigned _____
- (6) Basic claim made _____
- (7) Date of disposition _____
- (8) Disposition _____
(pending) (on appeal) (resolved)

(9) If decided by the court, state whether for plaintiff or defendant _____

(10) Approximate date of filing _____

(11) Approximate date of judgment _____

For additional cases, provide the above information in the same format on a separate page.

B. Have you begun other cases in state or federal courts relating to the conditions of your treatment while in confinement? Yes ___ No ☒

III. Grievance Procedure

A. Does your institution have an administrative or grievance procedure? Yes ☒ No ___

B. Did you present the facts relating to your complaint through the administrative or grievance procedure? Yes ☒ No ___

C. What was the result? _____

D. If you did not file a grievance, state the reasons _____

E. Please attach any responses as exhibits to this complaint.

F. If there is not prisoner grievance procedure at your institution, did you complain to prison authorities? Yes ___ No ___

G. If your answer to F is yes,

A. What steps did you take and what was the result? _____

IV. Jurisdiction

Please give your commitment name and any other name(s) you have used while incarcerated.

(1) Plaintiff Nathan Thomas Registr. No. 1424871

Address 710 South 12th St.

Omaha, Neb 68102

Additional plaintiff's Registr. No. and address:

(2) Defendant Douglas County

is employed as Food Administration at Douglas County Dept. of Corrections

Additional defendant's employment:

II. Previous Civil Actions

A. Have you begun other lawsuits in state or federal court dealing with ~~the~~ same facts involved in this action?

Yes ☐ No ☒

(1) Title: _____
(Plaintiff) (v.) (Defendant)

(2) Date filed _____

(3) Court where filed _____
(specify if the court was state or federal and the level of the court)

(4) Court number and citation _____

(5) Name of judge to whom the case was assigned _____

(6) Basic claim made _____

(7) Date of disposition _____

(8) Disposition _____
(pending) (on appeal) (resolved)

(9) If decided by the court, state whether for plaintiff or defendant _____

(10) Approximate date of filing _____

(11) Approximate date of judgment _____

For additional cases, provide the above information in the same format on a separate page.

B. Have you begun other cases in state or federal courts relating to the conditions of your treatment while in confinement? Yes ___ No ☒

III. Grievance Procedure

A. Does your institution have an administrative or grievance procedure? Yes ☒ No ___

B. Did you present the facts relating to your complaint through the administrative or grievance procedure? Yes ☒ No ___

C. What was the result? _____

D. If you did not file a grievance, state the reasons _____

E. Please attach any responses as exhibits to this complaint.

F. If there is not prisoner grievance procedure at your institution, did you complain to prison authorities? Yes ___ No ___

G. If your answer to F is yes,

A. What steps did you take and what was the result? _____

IV. Jurisdiction

Please give your commitment name and any other name(s) you have used while incarcerated.

(1) Plaintiff James Calloway Registr. No. 1249846

Address 710 South 17th St.
OMAHA, NE. 68102

Additional plaintiff's Registr. No. and address:

(2) Defendant Douglas County
is employed as Food Administration at Douglas County Dept. of correct

Additional defendant's employment: _____

II. Previous Civil Actions

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

(1) Title: _____
(Plaintiff) (v.) (Defendant)

(2) Date filed _____

(3) Court where filed _____
(specify if the court was state or federal and the level of the court)

(4) Court number and citation _____

(5) Name of judge to whom the case was assigned _____

(6) Basic claim made _____

(7) Date of disposition _____

(8) Disposition _____
(pending) (on appeal) (resolved)

(9) If decided by the court, state whether for plaintiff or defendant_____

(10) Approximate date of filing_____

(11) Approximate date of judgment_____

For additional cases, provide the above information in the same format on a separate page.

B. Have you begun other cases in state or federal courts relating to the conditions of your treatment while in confinement? Yes ___ No ☒

III. Grievance Procedure

A. Does your institution have an administrative or grievance procedure? Yes ___ No ___

B. Did you present the facts relating to your complaint through the administrative or grievance procedure? Yes ☒ No ___

C. What was the result?_____

D. If you did not file a grievance, state the reasons_____

E. Please attach any responses as exhibits to this complaint.

F. If there is not prisoner grievance procedure at your institution, did you complain to prison authorities? Yes ___ No ___

G. If your answer to F is yes,

A. What steps did you take and what was the result?_____

IV. Jurisdiction

Please give your commitment name and any other name(s) you have used while incarcerated.

(1) Plaintiff JAMIE WATSON Registr. No. 1274920

Address 710 South 17th St
Omaha, NE, 68102

Additional plaintiff's Registr. No. and address:

(2) Defendant Douglas County

is employed as Food Administrator at Douglas County Dept of Correc

Additional defendant's employment: _____

II. Previous Civil Actions

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ✓

(1) Title: _____
(Plaintiff) (v.) (Defendant)

(2) Date filed _____

(3) Court where filed _____
(specify if the court was state or federal and the level of the court)

(4) Court number and citation _____

(5) Name of judge to whom the case was assigned _____

(6) Basic claim made _____

(7) Date of disposition _____

(8) Disposition _____
(pending) (on appeal) (resolved)

(9) If decided by the court, state whether for plaintiff or defendant_____

(10) Approximate date of filing_____

(11) Approximate date of judgment_____

For additional cases, provide the above information in the same format on a separate page.

B. Have you begun other cases in state or federal courts relating to the conditions of your treatment while in confinement? Yes ___ No X

III. Grievance Procedure

A. Does your institution have an administrative or grievance procedure? Yes X No ___

B. Did you present the facts relating to your complaint through the administrative or grievance procedure? Yes X No ___

C. What was the result?_____

D. If you did not file a grievance, state the reasons_____

E. Please attach any responses as exhibits to this complaint.

F. If there is not prisoner grievance procedure at your institution, did you complain to prison authorities? Yes ___ No ___

G. If your answer to F is yes,

A. What steps did you take and what was the result?_____

IV. Jurisdiction

Please give your commitment name and any other name(s) you have used while incarcerated.

(1) Plaintiff Rayshaun Abram Registr. No. 118126C

Address 710 South 17th St.

Omaha, NE. 68102

Additional plaintiff's Registr. No. and address:

(2) Defendant Douglas County

is employed as Food Administrator at Douglas County Dept of Soc

Additional defendant's employment:

II. Previous Civil Actions

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

(1) Title: _____
(Plaintiff) (v.) (Defendant)

(2) Date filed _____

(3) Court where filed _____
(specify if the court was state or federal and the level of the court)

(4) Court number and citation _____

(5) Name of judge to whom the case was assigned _____

(6) Basic claim made _____

(7) Date of disposition _____

(8) Disposition _____
(pending) (on appeal) (resolved)

(9) If decided by the court, state whether for plaintiff or defendant_____

(10) Approximate date of filing_____

(11) Approximate date of judgment_____

For additional cases, provide the above information in the same format on a separate page.

B. Have you begun other cases in state or federal courts relating to the conditions of your treatment while in confinement? Yes ____ No ☒

III. Grievance Procedure

A. Does your institution have an administrative or grievance procedure? Yes ☒ No ____

B. Did you present the facts relating to your complaint through the administrative or grievance procedure? Yes ☒ No ____

C. What was the result?_____

D. If you did not file a grievance, state the reasons_____

E. Please attach any responses as exhibits to this complaint.

F. If there is not prisoner grievance procedure at your institution, did you complain to prison authorities? Yes ____ No ____

G. If your answer to F is yes,

A. What steps did you take and what was the result?_____

IV. Jurisdiction

A. Is this complaint brought for a violation of your federal constitutional rights by a person employed by the state, county, or municipal government or acting with such government officials? Yes ☒ No ☐

If "yes," please state the agency the official(s) is/are employed by or why you believe the defendant(s) was/were acting in conjunction with government officials: _____

The County And DECC is at fault
And is at fault with the Govern-
ment in this violation.

B. Is this complaint brought for a violation of state or local law? Yes ☐ No ☐ "The City And County"

If so, please specify (without alleging any supporting facts) the state law(s) you believe was/were violated _____

Is/are the defendant(s) residents of the same state as you? Yes ☒ No ☐

If not, specify what state _____

V. Statement of Claim:

(State here as briefly as possible the FACTS of your case. You must state exactly what each defendant personally did, or failed to do, that resulted in harm to you, and describe the harm. Include the names of other persons involved (for example, other inmates), dates, and places of all events. If you allege related claims, number and set forth each claim in a separate paragraph. Attach an extra sheet, if necessary. Unrelated claims should be raised in a separate civil action. Do not give legal arguments or cite cases or statutes except in Part B below.

A. While being housed at The Douglas County Department of Corrections, myself and the other Plaintiffs have been drinking a sugar substitute, cancer causing substance called saccharine in the Kool Aid without our knowledge,

There is no menu or nutritional factors attached to the food or drinking Beverage here at DCCC, and no one informed any of us that the Beverage here consumed such a substance as saccharine that can cause serious health risks.

myself and the other plaintiffs are very distraught about not knowing about the contents contained in the Kool Aid here at DCCC, we are pushing for a major lawsuit to teach DCCC and Douglas County a lesson, no one's health should be jeopardized just to save a few extra dollars,

They have been putting many lives at risk for many years, now someone is finally doing something about it.

B. State briefly your legal theory or cite appropriate authority: _____

OUR CIVIL, CONSTITUTIONAL, AND HUMAN
RIGHTS HAVE BEEN TERRIBLY VIOLATED.

VI. Relief

A. Do you request money damages? Yes ☒ No ☐

If so,

1. Did you lose any money from this incident?
Yes ☐ No ☐ If so, how much? NOT SURE WHO! THE HOSPITAL

2. Did you receive a physical injury? Yes ☒ No ☐ It will be.

3. What other harm did you experience from this incident? _____

PSYCHOLOGICAL, AND MAYBE INTERNAL INJURIES
TO EARLY TO KNOW.

4. State the amount of damages claimed UNSURE AT THIS TIME.

B. Do you request a jury trial? Yes ☒ No ☐

C. State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like the court to find the
defendant guilty and make it where
other "people's" health cannot be easily
put at risk.

VII. Request for Appointment of Counsel

A. Do you want an attorney to represent you in presenting your claim to the court? Yes ___ No ☒

B. Did someone help you in preparing this complaint? Yes ___ No ☒ If so, state the person's name (optional)

C. Have you made any efforts to contact a private lawyer to determine if he or she would represent you in this action? Yes ___ No ☒

If so, state the name(s) and address(es) of each lawyer contacted _____

If not, state your reasons Capable of Represent
myself.

(Note: This court has no funds with which to pay an attorney for handling this type of case. Because of this, appointments are made only in cases where an attorney is greatly needed and the attorney is willing to take the case without expecting to receive any fee.)

I declare under penalty of perjury that the forgoing is true and correct.

Signed this ___ day of _____, 20__.

(Signature(s) of Plaintiff(s))